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Global health and foreign policy

Andorra, Argentina, Australia, Belgium, Bosnia and Herzegovina, Brazil, Chile, China, Cyprus, Egypt, Finland, France, Iceland, India, Indonesia, Israel, Luxembourg, Mexico, Monaco, Norway, Senegal, Slovenia, South Africa, Spain, Suriname, Switzerland, Thailand, United States of America and Uruguay:
draft resolution

Global health and foreign policy

The General Assembly,

Recalling its resolutions 63/33 of 26 November 2008 and 64/108 of 10 December 2009,

Recalling also the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Welcoming the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals,¹ including the section entitled “Promoting global public health for all to achieve the Millennium Development Goals”,

Welcoming also the launching of the Secretary-General’s Global Strategy for Women’s and Children’s Health, which aims at supporting national plans and strategies in health matters, including the reduction of maternal and child mortality,

Welcoming further the establishment of the United Nations Entity for Gender Equality and the Empowerment of Women,

Recalling its resolution 64/265 of 13 May 2010, on the prevention and control of non-communicable diseases, and welcoming the decision to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases,

¹ See resolution 65/1.



Welcoming the plans to hold, in 2011, the Second Global Forum on Human Resources for Health, in Bangkok from 25 to 29 January, during the Prince Mahidol Award Conference, the World Health Organization Conference on Social Determinants of Health, in Rio de Janeiro, Brazil, from 19 to 21 October and the First international ministerial conference on healthy lifestyles and non-communicable diseases, in Moscow and to undertake, also in 2011, the General Assembly comprehensive HIV/AIDS review,

Acknowledging the emergence of a growing worldwide movement in support of universal access to health care as a means to promote and protect the right of every human being to the enjoyment of the highest attainable standard of physical and mental health,

Reaffirming the commitment to fully and effectively implement the Beijing Platform for Action,² the Programme of Action of the International Conference on Population and Development³ and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights in this context,

Acknowledging that inequities in access to health care can increase during times of crisis and that special efforts should be made to maintain public health and primary health-care functions during these periods,

Stressing the importance of aid targeted to the health sector as a complement to domestic financing, as well as of innovative sources of financing and North-South cooperation in support of national plans and strategies aimed at strengthening national health systems,

Calling for the fulfilment of all existing official development assistance-related commitments,

Acknowledging the various national, regional and subregional initiatives to enhance South-South cooperation, particularly in the field of health, and that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation,

Reiterating the willingness of Member States to cooperate in health issues and in promoting universal access to medicines that are safe, affordable, effective and of good quality, and to continue efforts to increase global vaccine production capacity in order to increase availability and achieve equity in the access to vaccines in situations of pandemics,

Reaffirming the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS Agreement),⁴ the Doha Declaration on the TRIPS Agreement and Public Health,⁵ the decision of the General Council of the World

² *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap I, resolution 1, annex II.

³ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

⁴ See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

⁵ World Trade Organization, document WT/MIN(01)/DEC/2. Available from <http://docsonline.wto.org>.

Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration⁶ and, when formal acceptance procedures are completed, the amendments to article 31 of the TRIPS Agreement,⁷ which provide flexibilities for the protection of public health, and, in particular to promote access to medicines for all, and encouraging the provision of assistance to developing countries in this regard and calling for a broad and timely acceptance of the amendments to article 31 of the TRIPS Agreement, as proposed by the World Trade Organization's General Council in its decision of 6 December 2005,⁷

Acknowledging the need to improve research and development in neglected tropical diseases, and welcoming, in this regard, the first World Health Organization report on neglected tropical diseases,⁸

Welcoming the adoption by the sixty-third World Health Assembly of the Global Code of Practice on the International Recruitment of Health Personnel as a guide to respond to the concerns over the lack of and imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in Africa, and the retention of health personnel, in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island States,

Noting with appreciation the adoption by the World Health Assembly on 21 May 2010 of its resolution 63.15, on the monitoring of the achievement of the health-related Millennium Development Goals, as well as its resolution 63.19, in which it requests the preparation of a World Health Organization HIV/AIDS strategy for 2011-2015, to be presented at the sixty-fourth World Health Assembly,

Recognizing that mental health problems are of major importance to all societies and are significant contributors to the burden of disease and the loss of quality of life and have huge economic and social costs, and welcoming the 2010 report of the World Health Organization on mental health and development,⁹

Noting the role of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration,¹⁰ which was reaffirmed, with renewed actions and commitments by the Ministerial Declaration of 22 September 2010,¹¹

1. *Notes* with appreciation the report of the Secretary-General¹² and the recommendations contained therein;

2. *Calls* for more attention to health as an important policy issue on the international agenda;

⁶ See World Trade Organization, document WT/L/540 and Corr.1. Available from <http://docsonline.wto.org>.

⁷ See World Trade Organization, document WT/L/641. Available from <http://docsonline.wto.org>.

⁸ World Health Organization, "Working to overcome the global impact of neglected tropical diseases" (Geneva, 2010).

⁹ World Health Organization, "Mental health and development: Targeting people with mental health conditions as a vulnerable group" (Geneva, 2010).

¹⁰ A/63/591, annex.

¹¹ See A/65/538.

¹² A/65/399.

3. *Encourages* Member States to consider the close relationship between foreign policy and global health and to recognize that global health challenges require concerted and sustained efforts in order to further promote a global policy environment supportive of global health;

4. *Recognizes* that, despite some progress made, challenges in global health, including major inequities and vulnerabilities within and among countries and regions, still remain and demand persistent attention;

5. *Acknowledges* that progress in global health is dependent primarily on national policies and actions and on international cooperation and partnerships, which could help to respond to major global challenges and crises;

6. *Underscores* the urgency of strengthening health systems by improving basic infrastructures, human and technical resources and the provision of health facilities, and of ensuring the accessibility, affordability and quality of health-care services as well as sustainable access to safe drinking water and basic sanitation;

7. *Stresses* the importance of achieving the health-related Millennium Development Goals, especially with the objective of eradicating poverty and ensuring socio-economic development;

8. *Underlines* the importance of realizing the right of everyone to education as an integral part of a healthy society and, in this context, reaffirms that access to primary education for all constitutes one of the most effective means to promote public health and basic sanitation and to prevent diseases;

9. *Acknowledges* that gender equality, the empowerment of women, women's full enjoyment of all human rights and the eradication of poverty are essential to economic and social development;

10. *Underlines* the central role of the global partnership for development and the importance of goal 8 in achieving the Millennium Development Goals and recognizes that without substantial international support, several of the goals are likely to be missed in many developing countries by 2015;

11. *Reiterates* that each country has primary responsibility for its own economic and social development and that the role of national policies, domestic resources and development strategies cannot be overemphasized;

12. *Stresses* the need to strengthen health systems so that they deliver equitable health outcomes as a basis for a comprehensive approach to achieving millennium development goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, including appropriate budgetary allocations, the health workforce, health information systems, procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance;

13. *Acknowledges* the need to further address the issue of governance for global health as health is increasingly being challenged by new realities of an interdependent world;

14. *Acknowledges also* the need to make the global health architecture more effective, efficient and responsive, in order to, inter alia, bring more coherence to the delivery of health outcomes and enhance health equity;

15. *Reaffirms* the central role of the United Nations system in meeting the challenges of global health in a changing environment and the need to enhance the visibility of health issues in the different United Nations forums;

16. *Recognizes* the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate;

17. *Stresses* the continued need for coordination and coherence at national and international levels to enhance effectiveness of health initiatives and partnerships;

18. *Urges* Member States to continue to consider health issues in the formulation of foreign policy;

19. *Encourages* Member States, the United Nations system, academic institutions and networks to further increase their capacity for the training of diplomats and health officials, in particular those from developing countries, on global health and foreign policy, by developing best practices and guidelines for training and open-source information, and educational and training resources for this purpose;

20. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization and with other relevant multilateral institutions, as appropriate, to give high priority to generating and collecting comparable and reliable data on health-worker migration, distribution and coverage within the framework of the Global Code of Practice on the International Recruitment of Health Personnel;

21. *Requests* the Secretary-General, in close collaboration with the Director-General of the World Health Organization, with the participation of relevant programmes, funds and specialized agencies of the United Nations system, and in consultation with Member States, to submit a report to the General Assembly at its sixty-sixth session, under the item entitled "Global health and foreign policy", which, inter alia:

(a) Reflects on ways to improve the coordination, coherence and effectiveness of governance for global health;

(b) Discusses the role of the State and other stakeholders in improving the coordination, coherence and effectiveness of governance for global health;

(c) Presents recommendations on enhancing the coordination of policies directed to the social determinants of health.